

ADVANCED
PROFESSIONAL WORK

IN

HOSPITALS FOR THE INSANE

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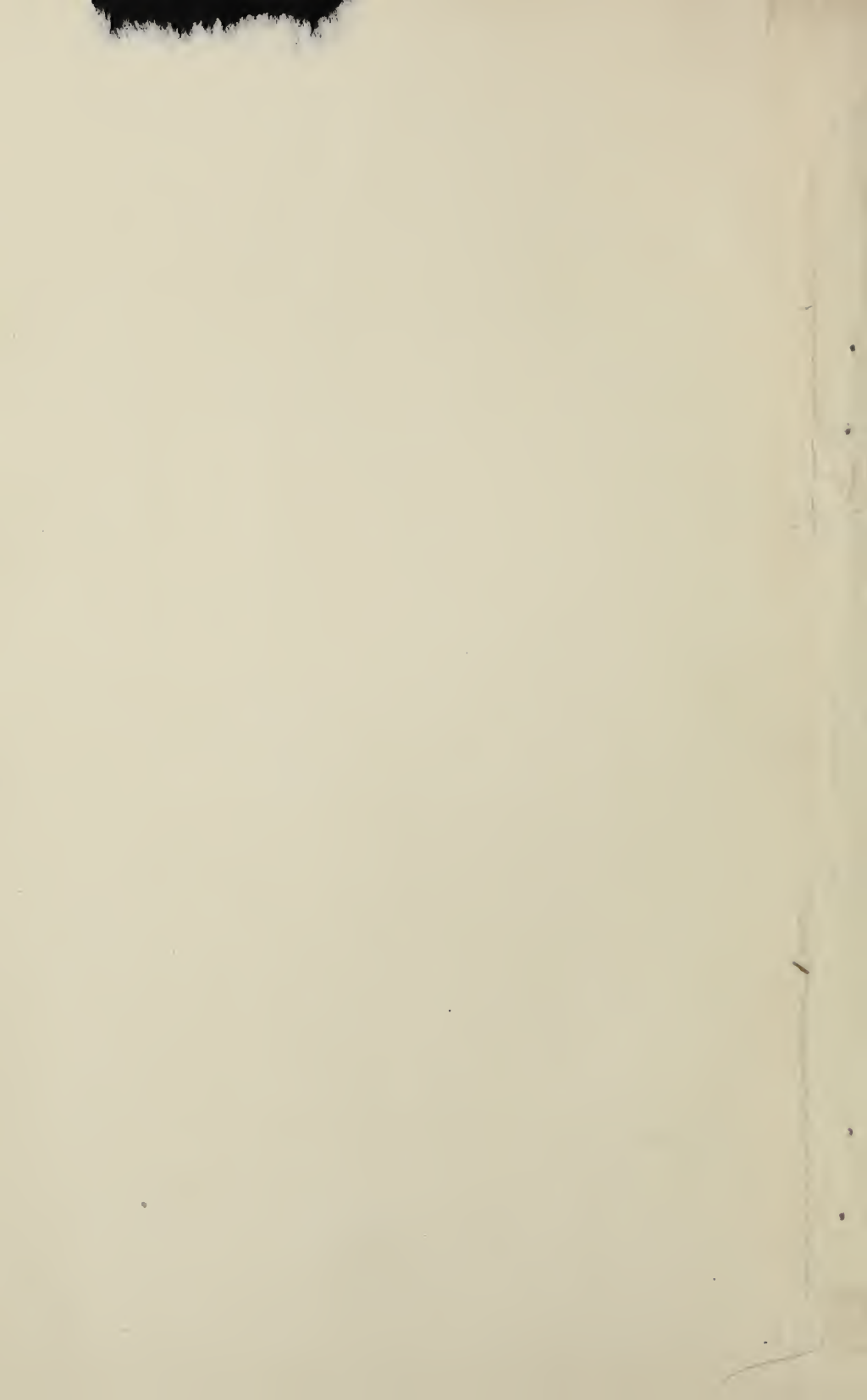
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READ BEFORE THE NATIONAL CONFERENCE OF CHARITIES AND COR-
RECTION, AT NEW YORK, MAY 21, 1898

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ADVANCED PROFESSIONAL WORK IN HOSPITALS
FOR THE INSANE.¹

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The new conceptions of the professional work that is now demanded in our hospitals for the insane present difficulties even in stating the problems involved. It is fitting for the present purpose to attempt no more than a general statement concerning this special work, to show its claims upon the attention and approval of thoughtful men, and the reasonableness of expecting it to be encouraged by the substantial aid it needs from those who have controlling authority over these matters.

The purpose for which our hospitals for the insane are built, maintained and managed is a medical purpose. The development of the idea that insanity is a disease, and of the professional work of treating it, is peculiar to the century now ending, and to its humanitarian progress.

The first essential step in this progress was to provide hospitals for suitable care, and the proper conditions for work in them. This problem has taxed the best efforts of philanthropic persons, the wisdom of legislators and the knowledge and experience of the medical profession. And, taking a broad view of the subject throughout our own and all other civilized countries, it can be said that the insane in hospitals were never before so well or so completely cared for as they are now. It is a fitting time to turn our attention more particularly to the advancement of the professional work, which is, in the main, the purpose of these institutions.

The discussion of this subject presents three general considerations: (1) the conditions for doing the professional work; (2)

¹ Read before the National Conference of Charities and Correction, at New York, May 21, 1898.

the kind of work that should be done; and (3) the providing of properly qualified physicians for doing it.

I. THE CONDITIONS FOR DOING THE PROFESSIONAL WORK.

The material conditions in the hospitals themselves being provided, two general kinds of requirements essential as prerequisites for good professional work should be mentioned here. These include all that relate to the administrative work of the hospital and the remedial influences which are the adjuncts of what is more strictly medical and professional.

(1.) The organization of the hospital must be systematic and business-like. It has its peculiar requirements as a medical business, because at every point it must be shaped to the one chief purpose of the institution,—to serve the interests of the sick. The common-sense principle of management is that “those are best qualified to conduct a business who are the best acquainted with its requirements.”

This principle of organization places the executive responsibilities of hospitals for the insane in the hands of medical men. The medical and executive operations of a great hospital are so closely joined that unity of control becomes the essential basis of that harmony of administration which is itself a most potent curative influence.

This leads to reduction of friction and ease of management. It is the comprehension of the nature of the professional studies, and of the mutual importance of these and the material conditions for carrying them on, that qualifies the executive for the best achievements of the whole work. It is where the qualifications gained by permanence of service are respected that real hope exists for the advancement which the intelligence and conscience of our time are now demanding in the care and treatment of the insane. It is not in this, the Empire State, that these requisite conditions for professional work need to be dwelt upon. Here is a distinguished example of the good sense of giving these State institutions stable business and medical organizations, which grow better through experience. It is under such conditions that it has become possible to inaugurate in New York one of the most encouraging movements for advancing the

scientific professional work necessary for the better knowledge and treatment of insanity.

(2.) The remedial influences contributive to the more strictly medical and professional elements of the work may be briefly stated as including all that pertains to the *care* of the insane. The great advancement that has been made along this line should be continued in every hospital. The patients are better housed and better fed; more attention is given to the mental effects of physical and mental occupation; more wholesome conditions are sought in promoting a natural interest in the various forms of entertainment, and in giving the patients pleasanter surroundings. A great contribution to these remedial influences is the introduction of the system of training nurses in our hospitals. So many of them have adopted this reform that the new century will begin with this as practically an accomplished fact in our methods. Our educated nurses have come to be actual assistants in the professional work, aiding us in clinical observations and applying for us, as was never done before, some of the most effective of our therapeutic methods.

The conditions indicated as requisite for doing the professional work in the treatment of the insane, are so essential and important, that to have brought them into existence makes a worthy record of many decades in the history of our institutions.

II. THE KIND OF PROFESSIONAL WORK THAT SHOULD BE DONE.

The former conception of mental disorders was, as in general medicine, that in each different form of disease some special form of pathological organic change existed. In like manner scientific work in the study of insanity meant chiefly post-mortem investigations, in the expectation of finding the changes that should correspond to each form of mental disease. The hospitals for the insane were not behind the general hospitals in this regard, for the modern laboratory, which is now essential to every general hospital of importance, was quite unknown. This indicates the radical change in the methods of scientific study of disease, due to the marvellous progress in medicine that the present generation is witnessing.

The fundamental principle underlying modern scientific medicine is the biological conception of man. In the body, with all its elements of vital activity—its mechanical and chemical functions—these must be studied together, in health and disease—both the developmental processes and those of decay—those of the building up and the breaking down of the vital elements. Pathological studies now are less a matter for the autopsy room than for the laboratory, where pathological processes, the causes and products of disorders in the physiological and chemical reactions of the whole or parts of the body, are studied in connection with the manifestations of disease as they are observed in the living subject. The disorders of all these activities furnish problems for the hospital laboratory. New evidences arise which indicate more and more clearly the interdependence of the elements of organic life. Professional work in general medicine lies in all these lines of inquiry.

The mental life is another and distinctive element, associated with the mechanical and chemical functions of the body. Clinical and pathological studies give satisfactory evidence that the brain is the seat of mental activity, and that its damage impairs or destroys mental function. The biological conception is that all mental activity must have its physical aspect and is one with a corresponding activity of brain cells. When we study changes in the normal action of the mind, we have to conceive of corresponding changes in the physiological action of the basis of the mind. This puts us exactly on the ground of the general physician in his new conception of diseases as pathological processes which are disturbances of natural physiological processes. Thus we see in delirium a common example of mental disorder attending the intoxications due to the poisons causing, or generated by, fevers, or by alcohol and other poisons. We do not call this mental disease, because the delirium passes away with the removal of the obvious cause in the recognized bodily disease. But we see also that mental diseases, often obscure as to causation, do accompany the less active disorders of nutrition, the effects of fatigue and all exhausting influences, and of poisons from within and without the body, as they affect the nervous system. The relation of bodily causes to mental symptoms makes as essential for us as for the general hospital the researches

of the laboratory as an adjunct of our bedside studies. But our problems, in addition to those of the general physician, include the necessity for careful and exhaustive psychological studies of mental symptoms which are often the only direct manifestations of disturbances in the brain mechanism. It follows, therefore, that the professional work which should be done in hospitals for the insane requires us to study not only the mental manifestations, but just as thoroughly the physical conditions of our patients. We must have all the contributive aids of a well-equipped laboratory for the investigations which are to enlarge our present knowledge of physiological and chemical processes and to test as far as possible our remedial measures. In this regard, the proceedings of the German Medical Congress, last month, have as much significance for those who treat mental diseases as for the general physician. It was agreed that in the teaching of medicine more laboratory work must be required, that practical, physical, therapeutic methods—the use of baths, of medical gymnastics, of massage, of remedies by inhalation, and of treatment by electricity—must receive more attention than they have had.² It is interesting to note that some of our hospitals are actively using these methods.

Every hospital for the insane should have its laboratory, however modest, and its director trained to some degree in such work, both as a pathologist, as the term was formerly understood, and to study the problems that arise in connection with the clinical work. He may apply for the current purposes of treatment, the results gained by other more expert investigators; or be led to work also in some special line of inquiry in which he is particularly interested or for which he is especially qualified, and the sum of the contributions from many hospitals will furnish enlightenment for all. The great thing is to begin the advancement of this scientific work, in some way, in every hospital; it is this which will introduce the professional spirit and put life into the dry bones of routine work that is death to all interest.

The uses of the laboratory being thus indicated, we may now consider the nature of the most important part of all the pro-

² Bost. Med. and Surg. Journal. *German letter*, May 5, 1898.

professional work, which is the clinical study of mental disorders. The study of mental diseases is, broadly, to discover the disease-processes underlying them, and to learn how to stop these processes. These studies must be chiefly clinical, using the modern scientific methods by which, as in other sciences, from a great number of observed facts we reach the general truth which explains all.

An example of the value of this method may be found in a large group of cases which have been commonly called melancholia, and of which it could only be vaguely predicted that some might get well and some might not. But by more careful observation, analysis and comparison, it may be seen at the outset that there are probably different disease-processes involved, so that we can answer more accurately the anxious inquiries, and state that, of this great group, these cases will recover and those will not, and our treatment will be better guided.

A practical method for carrying on these studies has been organized in a few hospitals. At regular staff meetings or conferences, daily if necessary, a full clinical history, including the results of physical and mental examinations of each patient admitted to the hospital, is presented for discussion. This amounts not only to a formal consultation by the whole staff in each case, but a record is made of the discussion and of the opinion of each member upon the diagnosis, prognosis and treatment. Careful clinical notes by physicians and nurses are entered in the record during the progress of the case, which, upon discharge, is reviewed in conference, and the diagnosis confirmed or corrected. Thus, after a time, an accumulation is made of very complete studies of many cases; and these by comparison and classification become most instructive and useful as a foundation for the more exact knowledge of mental diseases which must be the basis of better treatment and its better results. At stated evening medical meetings, in which the seminary method can be employed to great advantage in some of the studies, special subjects are presented in papers for discussion, as suggested by the clinical work or in reviews of the current medical journals. Besides this, the director of the laboratory plans and conducts its work and gives instruction to the others by lectures and demonstrations. Thus enlightenment comes to all engaged

in the work, with increase in knowledge and skill; and the chief end of the whole matter may be gained in an earlier and surer recovery for the patient, or of a greater amelioration of this saddest of human ills. Such methods define our problems and give interest and value to our professional work.

III. THE PROVIDING OF PROPERLY QUALIFIED PHYSICIANS FOR DOING THIS WORK.

Such a discussion as this should lead in its conclusion to a recommendation of practical means for gaining the end in view. No change in the present organization of our hospitals is necessary; it is only needed that the medical executive should be inspired to inaugurate the new work, and that he should have the required means for doing it. The first step is to appoint a laboratory assistant and pathologist, and to provide him with rooms for his special department, as is being done in the hospitals of Massachusetts, New York and some other States. He should have a well-balanced medical education, by training in general medicine in the clinical work of a general hospital, by special study of nervous diseases and of neuro-pathology. Then it is most important that he should have special training and experience in some hospital where the new clinical methods for study of mental diseases have been put in practice; this training could be gained very well by a service of a year or more as a junior assistant in such a hospital. It is worth repeating that it is of the greatest importance, in the present stage of our work, to develop it on the clinical side by the study, analysis and comprehension of the mental facts with which we have to deal.

The need of providing an adequate force in the staff of clinical assistants then follows; but this is not so great a matter in number of persons or increase of the salary roll as it has appeared to be. In a large hospital, say of eight hundred beds, with four assistant physicians, let each have a paid junior assistant. A large proportion of the patients are chronic cases, and require much less attention than the recent and acute cases. A junior assistant also to be regularly employed in the special work of the laboratory would be valuable, while some part of the daily service of all these junior officers should be to assist in this special work.

There is no better example of the way in which such work may be organized in a State hospital, within reasonable limits of cost, than at Worcester, in Massachusetts. Dr. Quinby, in carrying out his long-considered purpose, has put in operation a plan, aided by his assistant, Dr. Meyer, formerly for two years at Kankakee, who has charge of the whole clinical service and the laboratory work. There is an account of it in the annual report of the Worcester Hospital for the year 1897. The method adopted by Dr. Wise at the St. Lawrence Hospital, and reported by him in 1895, should be mentioned. He held daily conferences with his staff, and recommended an increase in the number of medical internes. New York has the honor of inaugurating a great advancement in a new form in its Pathological Institute. Of the State hospitals in Massachusetts which are taking up the new work, those at Danvers and Worcester are being followed at Taunton and Northampton. The McLean Hospital is entitled to mention, with its laboratory methods, adopted ten years ago, and its clinical system, gradually developed, so that it has had for some years, adapted to its special uses, the essentials of the plan here described. Reports are coming from some of the Western hospitals, besides Kankakee, of work on these lines.

The practical question arises, can there be found enough young medical men, interested in such work, who will seek such appointments at small salaries? It is only necessary that a service in such a hospital shall be made to have an educational value; it should be like a general hospital in this regard. When a scientific department is established in a hospital for the insane, and it affords, as it ought to do, the opportunity for the practice of laboratory methods in studying the problems of general medicine as well as neuro-pathology, then it is profitable for the young graduate in medicine to spend a year in such work before entering upon general practice, especially as all cannot find opportunities in general hospitals. The instruction received becomes the larger part of the compensation.

Another general requirement is one of great importance; it rests upon the governing authorities of the hospital, and measures their comprehension of the value of good professional work. Not only should all uncertainty be removed in respect

to permanence of the service of competent medical men, but their compensation should be adequate to secure the services of those whose qualifications would command the business success which is their due in other walks of their profession. The State of New York has set a notable and just example in this respect. In a business of the magnitude of that of one of our great hospitals, requiring administrative capacity and professional attainments of a high order, the compensation may well be considered as having some relation to the volume of the business; no investment brings better returns than in capacity for the direction of the business.

In this discussion I have endeavored to set forth the best conditions now available for advancing the professional work of our hospitals for the insane, the reasons for expecting advancement in it through the adoption of new methods, and the way in which it is proving practicable to accomplish such advancement as being reasonably within the means of every hospital. The additional cost is not relatively large, and will always be liberal when the governing authorities of the hospital have a fair appreciation of the prospective value of the work. The prime requisites now are interest in the work and material support.

The best evidence of the genuineness of the new methods is that they create at once the professional interest, and often the enthusiastic zeal, which give the assurance of future accomplishment in the work. What is now wanted is the hearty co-operation of right-minded men with the alienists who have this special professional work to do.



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